

APPLICATION DATA SHEET (ADS)

APPLICATION INFORMATION

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Title::	SYSTEMS FOR AND METHODS OF REPAIR OF ATRIOVENTRICULAR VALVE REGURGITATION AND REVERSING VENTRICULAR REMODELING
Attorney Docket Number::	29838-101
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	2
Total Drawing Sheets::	16
Small Entity::	Yes
Petition Included?::	No
Secrecy Order In Parent Appl.?::	No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Robert
Middle Name::	A.
Family Name::	Levine
City of Residence::	Brookline
State or Prov. of Residence::	MA
Country of Residence::	US
Street of Mailing Address::	60 Longwood Avenue, #1010
City of Mailing Address::	Brookline
State or Prov. of Mailing Address::	MA
Postal or Zip Code::	02446

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Judy
Middle Name:: W.
Family Name:: Hung
City of Residence:: Newtonville
State or Prov. of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 54 Oakwood Road
City of Mailing Address:: Newtonville
State or Prov. of Mailing Address:: MA
Postal or Zip Code:: 02460

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: J.
Middle Name:: Luis
Family Name:: Guerrero
City of Residence:: Norton
State or Prov. of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 49 Cross Street
City of Mailing Address:: Norton
State or Prov. of Mailing Address:: MA
Postal or Zip Code:: 02766

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gus
Middle Name:: J.
Family Name:: Vlahakes
City of Residence:: Weston

State or Prov. of Residence:: MA
 Country of Residence:: US
 Street of Mailing Address:: 17 Juniper Road
 City of Mailing Address:: Weston
 State or Prov. of Mailing Address:: MA
 Postal or Zip Code:: 02493

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26486

REPRESENTATIVE INFORMATION

Representative Customer Number::	26486	
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Phase of	PCT/US03/20450	06/27/03
PCT/US03/20450	Non-Provisional of	60/392,332	06/27/02

ASSIGNMENT INFORMATION

Assignee Name:: The General Hospital
 Corporation
 City of Mailing Address:: Boston
 State or Prov. of Mailing Address:: MA